



magr

1653

CASE CT-2633 NP

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Warren K. Volles
Type or print name

Warren Volles
Signature

September 11, 2003
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

CAMPBELL ET AL.

APPLICATION NO: 10/001,850

FILED:

FOR: HEPATITIS C VIRUS INHIBITORS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Applicants believe this paper is being filed before the mailing date of a first Office Action on the merits, and so under 37 C.F.R. §1.97(b)(3) no fees are required. If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-3880.


In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000
(203) 677-6997

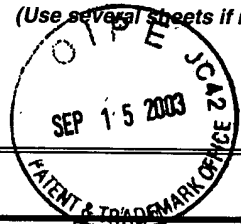


Warren Volles
Attorney for Applicants
Reg. No. 33,810

Date: September 11, 2003

**SUPPLEMENTAL INFORMATION DISCLOSURE
CITATION**

(Use several sheets if necessary)



APPLICANT
CAMPBELL ET AL.
FILING DATE

Gr up

U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						
AL						

FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES NO	
AM	WO 03/064416 A1	8/7/03	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AN	WO 03/064455 A2	8/7/03	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AO	WO 03/064456 A1	8/7/03	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AP	WO 03/066103 A1	8/14/03	PCT			<input type="checkbox"/>	<input type="checkbox"/>
AQ						<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AR	
AS	
AT	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.